

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

CIVIL ACTION NO. 05-30198-MAP

RAQUELLE DEFELICE,
Plaintiff,

v.

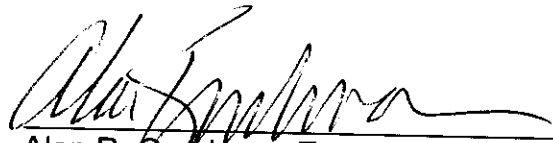
THONG V. NGUYEN,
v. Defendant.

PROOF OF SERVICE

I, Alan R. Goodman, Esquire, attorney for the Plaintiff, Raquelle Defelice, hereby certify that on September 12, 2005, I served the Complaint and Summons in this action on the Defendant, Thong V. Nguyen, by mailing a copy of each, certified mail, return receipt requested, postage prepaid, addressed to Thong V. Nguyen, 22245 Crane Street, Lake Forest, CA 92630.

The original signed return receipt showing delivery is attached hereto.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY THIS 16th day of September, 2005.



Alan R. Goodman, Esquire
Law Firm of Alan R. Goodman
Sovereign Bank Building
1350 Main Street, 12th Floor
Springfield, MA 01103
(413) 736-1616
(413) 736-4861 FAX
BBO# 201620

United States District Court

DISTRICT OF MASSACHUSETTS

RAQUELLE DEFELICE,

Plaintiff,

V.

THONG V. NGUYEN,

Defendant.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

05-30198-MAP

TO: (Name and address of defendant)

Thong V. Nguyen
22245 Crane Street
Lake Forest, CA 92630

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Alan R. Goodman, Esquire
1350 Main Street, 12th Floor
Springfield, MA 01103

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

SARAH A. THORNTON

CLERK

Mary Jane

(BY) DEPUTY CLERK

DATE

September 6, 2005

RETURN OF SERVICE

Service of the Summons and Complaint was made by me ¹

DATE

NAME OF SERVER (PRINT)

TITLE

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant. Place where served: _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____
- ☐ Returned unexecuted: _____
- ☐ Other (specify): _____

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____

Date

Signature of Server

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Thong V. Nguyen 22245 Crane Street Lake Forest, CA 92630</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 9-12-05</p>	
<p>2. Article Addressed to:</p> <p>Thong V. Nguyen 22245 Crane Street Lake Forest, CA 92630</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

2 7001 2510 0001 2297 8854
 (Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Law Firm of Alan R. Goodman
1350 Main Street, 12th Floor
Springfield, MA 01103

ATT: PAM

003

